

DESIGN & TEST RELATED INFORMATION (D&TRI) REVIEW RESULTS

Page 1 of 1

SECTION I. (Requester completes)

D&TRI IDENTIFIER: (e.g., LA#) _____ REV: _____ TITLE: _____

REQUESTER'S NAME: _____ PHONE: _____ MS: _____ DUE BY: _____
Print

SECTION II. (Reviewer completes)

REVIEWER INSTRUCTIONS:

1. Review the D&TRI against the review criteria.
2. For comments, enter the location of the section and the proposed actions on the review sheet. If "no comments," check the "No Comments" box, and check the N/A box in Section III.
3. Any changes to original entries must be crossed out with a single line, initialed and dated.
4. After completing the review, return the review sheet(s) to the requester identified in Section I.
5. After the D&TRI is modified, complete Section III as appropriate.

I HAVE FOLLOWED THE INSTRUCTIONS FOR REVIEWING THIS DOCUMENT.

Comments Attached

No Comments

REVIEWER: _____
Print Name Signature MS or Location Date Phone

SECTION III. Signatures below indicate that all comments have been satisfactorily resolved

N/A

REVIEWER: _____
Signature Date

After completing Section III, return sheet(s) to the requester identified in Section I.